

Is Person-Centred Counselling Effective When Assisting Young
People Who Have Experienced Bullying In Schools?

‘For Tegan Latham, Amanda Todd and Caroline Flack’

1. Abstract

Background

This article has carried out research using Interpretative phenomenological analysis. The aim of this research was to understand how person-centred therapy may assist individuals who are being bullied within the school environment. The effects of bullying on children are heavily researched, there is however a gap in research on how therapy can assist children who are bullied. Person-centred therapy was chosen as it is the authors profession, and was the therapy conducted on their MA, as well as their research.

Methodology

The researcher worked with 4 research participants, the contributors were individuals who had left school and had experienced childhood bullying. The participants also undertook person-centred therapy to work through the issues bullying had caused them. A series of interviews were conducted with the applicants using pre-decided questions. These interviews were then transcribed, and key themes were found within the text.

The themes found include:

- 1. Childhood bullying in the context of the experience of support, and the absence of support adding to the trauma.**
- 2. Bullying as a multi-faceted experience and bullying as an emotional communication.**
- 3. Childhood bullying and links to adult mental health, and adult experiences of anxiety.**
- 4. How person-centred counselling helped participants and gaining support in schools.**

Conclusions

The aim of this research is to bring forth awareness for future bullying research and discuss how person-centred counselling may help in the school environment. The research question for this article is: Is Person-Centred Counselling Effective When Assisting Young People Who Have Experienced Bullying in Schools?

Keywords:

Bullying

Childhood

Adulthood

Person-Centred

DeLara

Rogers

2. Introduction

Evidence on adverse impact of bullying on young people.

There are tremendous benefits to applying research findings into practice. By demonstrating how person-centred counselling could assist young people in schools, a wider perspective may be found for other forms of counselling. With potential discovery on how they may assist bullying experiencers. Goodstein (2013) proposes that bullying has claimed the lives of many adolescents and is responsible for 44% of adolescent suicide in the United Kingdom. 1 in 4 children in the United Kingdom and have experienced bullying as well as 1 in 3 children in the US. Goodstein (2013) further states that many adolescents have been 'bullied to death.' Parker (2019) argues that bullying can leave long lasting and deadly consequences. It occurs to people of all ages and in multiple environments (most predominantly schools).

Theoretical approaches to counselling young people who experience bullying.

When building a therapeutic relationship with someone who has been bullied in school, the therapist must consider how the victim has been affected. Litwiller and Brausch (2013) argue that the experiencer will have presenting issues such as: depression, post-traumatic stress disorder, body dysmorphia and anxiety. Tolan and Cameron (2016) proposes that bullying is categorised as 'chronic trauma' - this form of trauma occurs alongside critical incidents. Such as: road accidents, natural disasters and rape. The more the experiencer is subjected to bullying, more they are traumatised. Young people are most at risk of bullying, and this often leads to difficult outcomes, for victims and for perpetrators (Smith, 2019). Weaver (2014) propose that psychiatrists often report bullying as a main cause of PTSD.

It is vital that the therapist adheres to the child's wishes (unless there is a safeguarding concern) about what happens to the perpetrator(s). The therapist must empathise with the experiencer, and understand their reaction is due to trauma, (McGrath, 2004).

On person-centred therapy in schools, Hamlet (2010) suggests that working with children within a school can be overwhelming. This is due to children/ adolescents being honest with the therapist. For therapists a client being congruent allows the pace of the counselling to be set. In a study conducted at several schools, with a person-centred therapist present, Hamlet (2010) found that 2 in 5 children reported feeling more at ease with their peers after receiving person-centred therapy in school. Hamlet (2010) further argues that offering congruence to a student, allows a stronger therapeutic relationship to form and greater identity exploration for the student.

A child who does not experience person-centred therapy (when being bullied in school), may have issues gaining acceptance from others and from themselves. A child has two natural conditions they need from their natural environment, these are: positive regard (acceptance) and self-worth. Without these the child may begin to feel rejected by others and have low self-worth (Rogers, 1961, Cooper, 2008).

If the child's low self-worth is never rectified this can lead to problems in adulthood, falling into further abusive

relationships (Warren and Smalley, 2013). DeLara (2016) further argues that these 'problems' stem from the now adult, never discovering how to prevent bullying in the present. Leading to a frame of mind called 'Adult Post-Bullying Syndrome' the adult becomes consumed with thoughts of revenge against their former childhood tormentor.

A difficult environment (in this case bullying) will likely cause the child's potential to be hindered. Causing emotional, neurological and physical losses in their development (Rogers 1959). A child who is bullied may struggle to achieve 'self-actualisation in adulthood' – this will lead the child to not becoming a 'fully-functioning person.' The fully functioning person is open to all experiences, is innovative and has confidence in their decision making, they are also content in their life. A bullied child can be affected into adulthood, the effects include suicidal ideation, and poor physical and mental health (DeLara, 2016).

3. Literature Review

Evidence on the benefits/effectiveness/other outcomes of counselling for this vulnerable group.

Rigby (2007) identifies that the person-centred approach seeks to understand the client's story, and what brought them to counselling. It looks to enhance the client's self-image and diminish incongruence between the client's own identity and their ideal self. The child would be able to discuss their experiences of bullying within the school setting without fears of repercussion, and for a separate person to offer them reflection on their experiences. Rogers (1951) further proposes that person-centred counselling offers the person autonomy, as they can choose the direction in which therapy takes. The therapist will be able to understand what the child needs to gain from counselling.

Core Values

A key component of person-centred therapy is the 'core values,' these are: unconditional positive regard, congruence and empathy. UPR will allow the counsellor to provide the bullied child with complete acceptance, this will be beneficial as the client will likely have experienced little acceptance within the school environment. Bryant-Jefferies (2004) proposes that UPR is presented when the therapist does not rebuff the client because of their, experiences, beliefs and behaviour. The counsellor is receptive to the client's counselling journey.

Mearns, Thorne and Mcleod (2013) argue that congruence is presented when the counsellor displays their true personality to their client. With genuineness being displayed, the young person will see the counsellor's true opinion on their situation, and an individual not hiding behind a professional role.

Empathy allows the therapist to place themselves in the client's position and see the bullying as they do. Empathy is displayed when the counsellor connects with the client's internal frame of reference, the counsellor experiences the pain as if they were the client (Rogers, 1959). Those who perpetrate bullying do not often display empathy to the experiencers, cutting connections with their empathy. Instead offering statements such as "others behave this way, so why not me?" and "I was joking" (Marr and Field, 2001). DeLara (2016) stresses the importance of the victim having an intervention, counselling is essential for this. DeLara (2016) further suggests that receiving no intervention from bullying can cause severe consequences for the child when they reach adulthood. Their self-image may become damaged causing generating relationships difficult. Furthermore, the child will likely develop APBS.

Other alternative therapies that could provide stronger/similar outcomes, include CBT (Cognitive

Behavioural Therapy). Beck (1967) proposes that CBT is comprised of how cognition, feelings, and behaviours coexist. Our views define our emotions and actions. Unlike the person-centred approach, CBT considers poor emotional states to stem from poor cognitions about our world, ourselves, and others (Ellis, 1957). Cooper (2008) further argues that bullying at school would likely cause the experiencers mental health to deteriorate, matching their experiences of the world.

CBT will aim to improve the way the individual feels about themselves, others, and their environment. CBT will assist in changing the thought patterns bullying has put the individual in. Joyce-Beaulieu and Sulkowski (2015) suggest that CBT approaches can be helpful when working with adolescents experiencing bullying. CBT has been found to greatly negate the effects of the experiencer's anxiety, depression, and improve self-esteem. In a study, 3 out of 4 students reported feeling better within themselves after receiving CBT following bullying (Joyce-Beaulieu and Sulkowski, 2015).

The literature has found that there is a link between being bullied as a child and developing mental health problems in adulthood. Furthermore, the literature highlights how person-centred counselling may be able to assist a young person being bullied in the school environment. The rationale of this study was to fill the gaps in literature on how young people can be assisted by the person-centred approach, when being bullied in school.

Research aims and Research questions

There are many studies conducted on the impact of bullying on children in schools, but not on how counselling may assist this issue. The article has confirmed the results of the research accurately reflect the research question. The researcher must ensure that the investigation match the researches intricacy. Validity of the research reflects how honest the outcomes are, by asking a sequence of questions and finding the answers (Smith, Flowers and Larkin, 2008). The researcher has ensured that their own experiences of bullying have not influenced biased research. West and Byrne (2006) for research to be effective, the researcher must implement checks on their

participants, (these have been conducted in this body of research). Furthermore, this article includes other material which strengthens the researches approach and has been presented to participants for their individual validation (Bloomberg and Volpe, 2012).

The article explores how young people can be aided by counselling if they have experienced bullying in the school environment. Bullying is a key contributor to erosion of the mental health of young people, these effects can have longevity and extend into a young person's adulthood. When a young person is subjected to bullying the trauma can disrupt their neurological development (Van Der Kolk, 2003).

It is well documented how bullying can impact on a young person, but few studies regard the ways trauma can be reduced. Kuykendall (2012) argues that Bullying is categorised as 'chronic trauma' the more the young person is exposed to bullying, the more traumatised they become. The article displays how person-centred counselling can assist a young person who has been experiencing bullying in a school setting, drawing on the research gathered from participants.

Theoretical framework to address the research questions.

The article has undertaken a qualitative approach. Qualitative research encompasses the measured use of grouping together many observed resources. These include personal experiences and life events, case studies, reflexivity, conversations, interpretations, chronological outlooks, contact with others around us, and visual texts (O'Brien, 2019). O'Brien (2019) further proposes that the qualitative approach assists bullying research, by emphasising the circumstantial and interpersonal components of bullying, and the issues generated when researching it.

4. Methodology

IPA (Interpretive Phenomenological Analysis) will be used during this article, this was chosen by the author as they worked with a small research group. Additionally, IPA has been chosen to investigate a consistent group of individuals who experienced childhood bullying during their school years, these participants all undertook person-centred therapy. Joffe (2012) IPA is piece by piece method of accumulating and evaluating data, the idea of IPA is to determine in fact how participants are identifying with their personal and collective world. The core component for the

participants will be their experiences of bullying, and if they found this therapeutic approach to be beneficial.

A complete IPA analysis may involve asking significant questions during interviews, for the transcripts of participants. IPA is a qualitative research method that concentrates on how people gain awareness from significant life events. Bloomberg and Volpe (2012) suggests that IPA does not seek to generalise participants experiences, instead it aims to produce a compelling and contextualised analysis of the participants stories. This is chosen due to the authors own experience of bullying during school, I never received counselling and am interested to see how it may assist those in similar situations.

Sample

The inclusion criteria included participants in this study are all above the age of 18. Over 18's was chosen as the author was in university at the time of this study, and 18 was the age limit for research participants. All participants however experienced childhood bullying in high school and received person-centred counselling for their bullying. When creating a sample selection, the researcher must present how these participants were found, contacted and

which amount chose to take part in the research (Smith, Flowers and Larkin, 2008).

Furthermore, the researcher ensured that the individuals were at least five years past their bullying experiences, to not disturb any unresolved trauma. Additionally, due to the author only speaking English, the participants also had to be able to speak English. The participants were all women who chose to take part and were recruited using posters. These were distributed throughout institutions in the North West of England. 7 participants initially expressed interest, with 4 eventually taking part. Those who chose not to, did so due to either scheduling conflicts or fear of finding the interview traumatic.

Interview

The article has used semi-structured interviews in order to gain the participant data, as this method facilitates conversation regarding the participants experiences (Smith, Flowers and Larkin, 2008). The interviews took place within a confidential and soundproof room, where specialist signs were placed on the door to maintain confidentiality. The interview was developed by asking an array of questions. These questions investigated the participants past, their experiences of bullying, and lack of help they received.

Research Procedure

Participants had the right to withdraw from the project until the final 3 months of the research. A consent form was signed by the participants giving their permission to be recorded and transcribed. The researcher allowed the participants to have pseudonyms for the transcript (as opposed to 'Participant A'). The participants were allowed to choose their preferred pseudonym to encourage autonomy and give the research a more personal feel.

Ethics

It is essential when conducting qualitative research that ethical trustworthiness is applied. Smith and Osborn (2008) propose that it is important that the researcher always considers the effect the research could have on their participants. The researcher must always view the participant as a person first and not a research sample. The author completed an ethics form ensuring the project was suitable, the ethics number provided to the author was: 1202776.

There were no dual relationships present with the research participants. The British Association for Counselling and

Psychotherapy (2019) suggests that a dual relationship occurs when a practitioner has a relationship that has more than one purpose. Although dual relationships can have some benefits, there are many risks that can occur. The researcher has also had monthly supervision to ensure their research is not impacting on them. Practitioners have a duty of care towards themselves and must make certain that their work does not begin to have an impact on their own health. If the practitioner believes they are becoming unwell, they must find support from relevant support groups (BACP, 2019).

Data Analysis

The article has analysed the data collected from the semi-structured interviews and transcripts. The analysis has found crucial themes generated from content presented by participants. McLeod (2003) proposes that the qualitative researcher's greatest device, is their capability to empathise with the participants life story. Strauss and Corbin (1990) further argue that themes are concepts created in a refined edict of grouping and come from a pre-planned set of open-ended questions. Subordinate themes can be generated by themes being drawn together, establishing an overstretching story which stems from the participants interviews and transcripts.

The themes that lead to the table were the sole activity of one person. These include, childhood bullying in the context of support, with the absence of this support leading to trauma for the individual. During the transcript each participant reported having no assistance during their time at school. They had to seek counselling themselves during later life, this felt important to highlight. Bullying being a multi-faceted experience, and an emotional communication. This was developed through, each participant having their own individual experience of bullying. Furthermore, how bullying was communicated psychologically towards each participant has been explored.

Childhood bullying and the links to adult mental health, as well as adult experiences of anxiety. This theme was created due to how bullying impacted the participants mental health, with anxiety being the most reported condition. Finally, how person-centred counselling helped the participants, and gaining support in schools. The theme came to fruition through the participants explaining how much (or how little) person-centred therapy had assisted them, and how this differed from gaining support in the school setting.

5. Results

Superordinate Theme	Subordinate Theme
Childhood bullying in the context of the experience of support	The absence of support adding to the trauma
Bullying as a multi-faceted experience	Bullying as an emotional communication
Childhood bullying and links to adult mental health	Adult experiences of anxiety
How Person-Centred Counselling helped participants	Gaining Support in schools

Childhood bullying in the context of experience of support:
this superordinate theme underlines a lacking in assistance, when reaching out for help with their experiences.

The absence of support adding to the trauma: Participants looked for assistance from their caregivers when experience bullying n school. This was in attempt to prevent the bullying from continuing, what is evident is from both family and faculty help was not forthcoming.

No, it was not something that was really addressed back then, I mean my mum knew a little bit about it, but she was not very sympathetic. She did have to go into school, but I mean he did not sit me down and say right come on what is going on? – Patricia (40-41).

This lack of support was reinforced by other participants: so, I remember telling my brother (you couldn't in them days, there was never any support at school for anything like that) you never even mentioned bullying. I remember telling my brother once and he was quite supportive, I don't think he wanted to get involved really, - Diane (34-35).

Rebecca supported this absence of support, making their bullying worse: regarding my sisters bullying me she would never really do anything; she would always say 'you will get on like a house on fire when you are older' and we do now. But even my sister acknowledges that she said some bad stuff when we were younger... Yeah! There was one time after my dad's death and I didn't know it was grief at the time (being young) and I got referred to cams... Yeah, my mum got it for me, so they came into school and I didn't understand why, and during those sessions I found it difficult and unhelpful. – Rebecca (38-39).

Bullying as a multi-faceted experience: this superordinate theme concentrates on verbal bullying (the most common form reported from participants).

Bullying as an emotional communication: all participants explained how their experiences of bullying in childhood, caused issues in adulthood. *I was subjected to verbal bullying, in a work environment. I worked in a dental practice from the age of 15. The bullying started when I was about 17; it was through a work colleague, a woman who was a lot older than me. She used to make constant comments about my weight. It was because she was kind of like the mum of the workplace. – Louise (28-29).*

Exploitation of trust was a key occurrence. *I suppose it is kind of felt like you put your trust in her and she took advantage and made you feel sad. Yeah because I had spoken to her about briefly about how I was feeling and how low. And the issues that I was suffering with, and she kind of took advantage of that– Louise (28-29).*

Verbal attacks regarding the participants appearances were also reported, causing deterioration in mental health. *Yeah it has caused me to have depression I was put on anti-depressants and has caused me to go down the route of making myself sick, it was not a long-term thing. I suppose*

it just gave me a bit of a release and made me feel at the time made me feel a bit better, because more so with like finding the right clothes. It got to the point where I got to an age where I was going on a hen do for my cousins' wedding. And you know it affected me going on that, you know going on holiday and things like that. – Louise (30-31).

The Participant stated they were physically assaulted by two girls in a classroom. In addition to this, the participant was often insulted because of her middle name, by a boy in school. *Diane: I would say emotional, I did have physical though of two girls in first year. But the emotional was just more of this one lad particularly. – Diane (26-27). I do not really think now when I see him, he remembers it, but I remember it all the time. Yeah at the time I hated it. Yeah, I used to wait every six weeks for a break, so I did not have to put up with it. – Diane (26-27)*

Emotional health is also impacted. *I think it made me a bit poorly actually, it made me anxious and everything. But I did not understand it all then, I used to just sit in my bedroom thinking which way I could go so I wouldn't see somebody. – Diane (37-38). Patricia also reported verbal bullying: Threats were made: Erm definitely verbal and emotional with the threat of physical. – Patricia (28-29).*

A key instance involved a participant being threatened by a belt. *Patricia: In terms of a situation I was getting phone calls, calling me names on the house phone at the time. And then these three particular girls who were doing it actually came around to my house, during the six weeks holiday, and one of them had jeans on. And she had a belt on and she began *waves above head* as if to say you come out of your house and this is what is going to happen to you, so I did not go out of the house. – Patricia (28-29). Yeah it was it was really scary; she was a big girl as well she was you know a real bully. Patricia (29-30). Patricia: Yeah, I mean it still gets to me now when I think about it and I get annoyed with myself, for not really doing anything about it myself. Yeah, I said I just refused to go to school because I knew what was going to happen, and then even now I wish I had gone in school and confronted her. - Patricia (40-41). May be every few years if I see something on the telly. Yeah, I think it does not rule my life now, but obviously when I was younger it did. But down the years I mean I am 55 now. – Patricia (40-41).*

Childhood bullying and links to adult mental health: this superordinate theme addresses possible links between childhood bullying, and the participants current mental health. Adult experiences of anxiety: this subordinate

theme discusses the potential links between the participants developing anxiety in later life, after experiencing childhood bullying.

Anxiety is the most common reported mental health condition, and issues surrounding appearance. *I would say my anxiety. But I would not solely blame that on the bullying, like there is a lot that adds to it. But I would say I have anxiousness around getting to know people. – Rebecca (11-12) Rebecca: Yeah, I definitely think it has affected my confidence with my body and how I see my body and my sisters and my mother calling me fat all the time. – Rebecca (11-12).*

Bullying lead to anxiety: *anxiety I do think it lead to anxiety...Just anxiety really, but I found when I got to fifteen/sixteen up to the age of nineteen I was fine, I never really bothered never worried about anything. Diane (14-15). Then I settled in at work, she was bossy and sometimes I did not like how she spoke to me, but I think she was just stressed at work. But I found at the age of nineteen it come back a bit the anxiety and continued throughout my adulthood. Diane (14-15). Patricia stated contrary to Diane that they were not impacted by anxiety in adulthood, Patricia: yeah, not so much into adulthood but from 14 to I was very very. That was it, I was really anxious*

at that time, I was getting palpitations all the time. And just not really enjoying life... Yeah, I would say definitely actually. – Patricia (16-17).

How Person-Centred Counselling Helped Participants: this superordinate theme addresses how the person-centred counselling approach benefited the participants. It has been confirmed that each of these participants undertook person centred counselling.

Gaining Support: this subordinate theme details how the eventual gaining of support was beneficial to the participants. The participants discussed having counselling, and how the person-centred approach was very helpful in gaining support for their bullying experience. Furthermore, this left the participants feeling validated, something which they said had never been achieved whilst they were in school.

Having Counselling was the first time I felt someone had listened to me, it gave me a chance to explore past pain which I was unable to, erm explore with others you know? Diane (45-46). Rebecca stated contrary to Diane that there were some limitations with the counselling approach. Oh yeah, gaining support was really good for me. I found going to counselling and having someone to talk and listen

to me to be very cathartic. I think they really helped, I just felt the kind of therapy that we were doing...kind of.. did not always go into detail. I would have liked to have been questioned more by the counsellor. Rebecca (44-45).

Not all participants finished therapy, but did report finding it helpful, others continued with therapy long after they were due to finish. *To be honest I found counselling to be very useful, it helped me vent out a lot about what happened to me. It erm was just not the right time for me to go to therapy, I erm was still hurting. quite a lot. I would recommend this form of counselling to people; it just was not the right time for me. Louise (45-46). Diane further supported the use of the person-centred approach: Oh yes counselling has been a huge influence on me, I have continued to be in counselling, it erm has been very helpful and healing for me especially in adulthood. I think counselling and ageing have helped me to become more mellow. Diane (45-46).*

Participants proposed that counselling would be very helpful for them if they had it whilst in school. Yes, *counselling would have been what I needed in school, unfortunately this was not provided back then. Patricia (46-47). Rebecca supported the need for counselling ins*

schools: back when I was in school there was no such thing as ‘counselling’ I think it would have been very helpful for me with the bullying though. I am glad more schools have it. Rebecca (46-47).

6. Discussion

The articles aim was to understand how person-centred counselling may assist individuals experiencing bullying in schools. The key findings of this research are how support (present or not) adds to the trauma of the experiencer. Each individual experience bullying differently, and this is emotionally communicated, childhood bullying has links to mental health problems in adulthood these being predominantly anxiety. The final findings are how person-centred counselling assisted participants, and how this approach was significant in a school setting.

Childhood bullying in the context of the experience of support.

The participants were not supported adequately whilst being bullied, until they began person-centred counselling. Therefore, due to no interventions being taken place, the findings contradict the current literature. Interventions are usually effective when coordinated by someone of influence (Rigby, 2007; DeLara, 2016). The intervenor must display empathy and

wish to see change. Due to the era, the participants found it difficult to report their experiences of bullying,

Verbal bullying was the most regular stated form of bullying to be experienced by participants (physical was reported but not as often). This supports the literature, which highlights that verbal bullying is the most reported form of bullying (Olweus, 1993; Rigby, 2007). Participants explained that relationships had been affected through their childhood bullying, these relationships were affected dependant on the social setting. DeLara (2016) suggests that adults will find it constantly difficult to gain intimate and social relationships.

Childhood bullying and links to adult mental health.

Every participant mentioned that their experiences of childhood bullying had contributed to mental health issues in adulthood. Anxiety was the most reported, this matches the current literature. McGrath (2004) suggests that children who are bullied, often develop mental health problems in later life, these include: self-mutilation and suicidal ideation. The more a person is bullied, the more they become traumatised (DeLara, 2016). Olweus (1993) found that adults who were bullied as children had multiple instabilities in adulthood, they stated they believed this was through their bullying experiences.

How Person-Centred Counselling helped participants.

Person-centred counselling assisted participants by offering them a place to speak, whilst experiencing their childhood bullying. Participants had counselling when they were adults, all agree however it was beneficial to have someone to speak to in their time of need. Therapists must have a clear understanding of what bullying is and when it is taking place, for therapeutic relationships to be successful. Person-centred counselling can be a very useful tool for someone experiencing bullying, as it provides the client with autonomy, and control of the direction therapy takes (Tolan and Cameron, 2016). Bryant-Jefferies (2004) propose that person-centred therapists must be more aware of bullying, due to its high risk for all parties involved, and the long-term effects on the experiencer's life.

Limitations

In Conclusion, it is apparent that childhood bullying leads to long lasting effects on children in adulthood. In addition to this, person-centred counselling would benefit those experiencing bullying in schools. However, it is evident there are many limitations in this research article which would benefit from future research. An example of this being only females taking

part in this project, as the researcher was unable to find any males willing to participate. Due to this there is only a female interpretation of childhood bullying. Additionally, there were no transgender participants. The participants were also white British, leaving a shortage of diversity, and perceptions on bullying from other cultures. A major limitation of this article is this is shown from an adult perspective of childhood bullying, and not a child's, therefore, the adult's memories may not be entirely precise.

Atieno (2009) suggests that when conducting qualitative research, restrictions can arise on the researcher through ethical dilemmas. Ethical issues become apparent when research is conducted with those deemed to be at risk. Those at risk include prisoners, the elderly, children and those in health care environments, because of the need for consent from primary care givers. The small number of research participants could also be viewed as a limitation.

Due to the use of IPA (using 4 participants) arguably there is not enough individuals taking part for a conclusive result. A restriction of qualitative research is the use of reduced samples. Consequently, the results garnered from this article are not a reflection of the widespread populace. Meaning quantitative findings are more accurate than qualitative research.

Furthermore, 2 of the 4 participants voiced complete support for the person-centred approach. Whereas the other 2 participants, found PCC useful but not as co-inhabiting as CBT, the other was not ready for therapy.

7. Conclusion

Implications for Training

Bullying presents a safeguarding risk for therapists; therapists must understand how to establish when bullying is taking place. Bryant Jefferies (2004) suggests that the therapist may never have been bullied themselves, so may find this difficult to establish this. Bullying often can manifest in behaviours called 'micro aggressions,' (non-blatant acts of hostility such as mocking) these are meticulous and are difficult to pinpoint. McGrath (2004) bullying can lead to severe mental health issues and suicidal tendencies, if a training therapist was not aware of this a crisis could arise. Furthermore, in extreme cases bullying can lead to serious injury and even homicide, many targets of homicide are bullied by their murderer prior to death. Those who are bullied often have difficulties in trusting others, this could impact the therapeutic relationship. Many bullying experiencers use phrases such as: "I do not think I will ever trust people the same way again" or "my trust in relationships

has been forever changed by my experiences of bullying
(DeLara, 2016).”

There is the possibility that bullying could be embraced as a condition of worth of the experiencer. A condition of worth is gained from primary caregivers and the world around them. The person aims to meet these conditions as it is all they know. (Rogers, 1951). DeLara (2016) argues that those who are bullied often become encased in ‘victim mode’ and are prone to then prone to bullying throughout their life. The article questions Rogers theory regarding gaining ‘self-actualisation’ and becoming a ‘fully functioning person.’ Someone who is fully functioning is accepting of life’s challenges and rewards, open to experiences, are confident, are imaginative and happy. The participants all reported that their bullying had affected them in some aspect in their life, consequently the participants may never become fully functioning people. Bullying can change a person’s life eternally; many people often report never viewing the world in the same light (Rigby,2007).

A weakness of person-centred counselling is a lack of questions being presented to clients (Tolan and Wilkins, 2012). Questions are important in counselling, generating reflection and answers, questions must be used correctly as they can

create barriers between therapist and client (Beck, 1967). It is possible that alternative therapeutic approaches (to person-centred therapy) may be more beneficial to someone experiencing bullying, such as CBT (Cognitive Behavioural Therapy), CBT targets the client's behaviour and may provide answers to the bullying experiencer. Furthermore, CBT can offer the person techniques to help combat bullying and its effects, such as coping mechanisms and a plan (avoiding victim-state behaviour). CBT seeks to help clients in pinpointing false thoughts and distinguishing these thoughts from reality. Beck created the cognitive triad, which discusses the influences that cause depression in people (Beck, 1967).

Beck (1967) proposes that the triad includes poor instinctive thinking, flawed release of information, and negative self-schemas. CBT can be very helpful for people who have been bullied, clients react positively to coping mechanisms (Joyce-Beaulieu and Sulkowski, 2015) Gestalt therapy has the potential to assist individuals experiencing bullying, as gestalt therapy targets the clients present life as opposed to past (Perls, 1969; & Houston, 2003). Latner (1986) proposes that gestalt therapy promotes re-enactment of former unpleasant events in the client's life, Re-enacting of bullying may allow the

experiencer to gain finality on their bullying. The client may find the capacity to accept who they are now in their lives. Gestalt therapy offers the client the chance to enhance their understanding of themselves and gives them the choice to do this.

Future research will need to examine how children/adolescents respond to person centred counselling (as opposed to adults). Furthermore, it will be beneficial for the research to be one from a multigendered perspective, instead of all female.

8. Acknowledgements

To my darling Fran and our little one Evelyn, the difficult road was worth it to get to you.

9. References

Amanda Todd Commits Suicide Weeks after posting haunting YouTube video on her years of torment at classmates' hands, 15-year-old B.C girl student commits suicide. (2012, October 12th), National post. Retrieved from: <http://nationalpost.com/news/canada/amanda-todd-suicide-2012>

Atieno, O. P. (2009). *An Analysis of the Strengths and Limitation of Qualitative and Quantitative Research Paradigms*. Nairobi, Kenya: Longhorn.

BACP Ethical Framework for Good Practice in Counselling and Psychotherapy. (Revised ed.)Lutterworth, United Kingdom: British Association of Counselling and Psychotherapy. Retrieved from http://www.bacp.co.uk/ethical_framework/2019

Bauman, S., & Del Rio, A. (2006). Preservice teachers' responses to bullying scenarios: Comparing physical, verbal, and relational bullying. *Journal of Educational Psychology*, 98(1), 219-231.Doi: 10.1037/0022-0063.98.1.219

Beck, A. T. (1967). *Cognitive-Maladaptive Thoughts*. London, United Kingdom: Harper and Row.

Bloomberg, D. L. & Volpe, M. (2012). *Completing Your Qualitative Dissertation: A Road Map from Beginning to End*. London, United Kingdom: Sage.

Bonanno, R., & Hymel, S. (2013). Cyber Bullying and Internalizing Difficulties: Above and Beyond the Impact of Traditional Forms of Bullying. *Journal of Youth & Adolescence*, 42(5), 685-697:

Bryant-Jefferies, R. (2004). *Counselling Young People: Person-Centred Dialogues*. Boca Raton, Florida: Sage.

Bryant-Jefferies, R. (2017). *Counselling Young People: Person-Centres Dialogues*. Boca, Raton: CRC Press.

Copper, M. (2008). *Essential Research Findings in Counselling and Psychotherapy: The Facts are Friendly*. London, United Kingdom: Sage.

DeLara, W. E. (2016). *Bullying Scars: The Impact on Adult Life and Relationships*. Oxford, United Kingdom: Oxford University Press.

Ellis, A. (1957). Rational Psychotherapy and Individual Psychology. *Journal of Individual Psychology*, 13: 38-44.

Ellis, A. (1962). *Reason and Emotion in Psychotherapy*. New York: Stuart.

Espelage, D. L. & Swearer, S. M. (2003). Research on school bullying & victimization: What have we learned and where do we go from here? 32(12) 365-383.

Etherington, K. (2004). *Becoming a Reflexive Researcher*. London, United Kingdom: Jessica Kingsley.

Garbarino, J., & DeLara, E. (2002). *Words Can Hurt Forever, How to Protect Adolescents from Bullying*. Oxford, United Kingdom: Oxford University Press.

Goodstein, P. K. (2013). *How to Stop Bullying in the Classrooms and Schools*. New York, NY: Routledge.

Hanson-Harding, A. (2013). *Beating Bullying: How to Beat Physical Bullying*. New York, NY: Rosen Publishing Group.

Harris, J. M. (2009). *Bullying, Rejection, & Peer Victimization: A Social Cognitive Neuroscience Perspective*. New York, NY: Springer.

Heinrich, R. (1993). *Perfect Targets: Asperger's Syndrome and Bullying: Practical Solutions for Surviving the Social World*. Kansas, Missouri: Aapc Publishing.

Houston, G. (2003). *Brief Gestalt Therapy*. London, United Kingdom: Sage.

Hamlet, S. H. (2010). *Person-Centred Counselling in the Schools*. Kutztown, Pennsylvania: Kutztown University Press.

Joffe, H. (2012). Thematic Analysis, in D Harper and A. R. Thompson (eds.). *Qualitative Research Methods in Mental Health and Psychotherapy*. London, United Kingdom: Sage.

Joyce-Beaulieu, D., & Sulkowski, L. M. (2015). *Cognitive Behavioral Therapy in K-12 School Settings: A Practitioner's Toolkit*. New York, NY: Springer.

- Kuykendall, S. K. (2012). *Bullying*. Oxford, United Kingdom: Sage.
- Latner, J. (1986). *The Gestalt Therapy Book: A Holistic Guide to The Theory, Principles, and Techniques of Gestalt Therapy*. New York, NY: Julian Press.
- Lewis, S. E. (2006). Recognition of Workplace Bullying: A qualitative study of women targets in the public sector. *Journal of Community and Applied Social Psychology*;16(10), 29-47: Doi: 10.1002/casp.850
- Litwiller, B., & Brausch, A. A. (2013). Cyber Bullying and Physical Bullying in Adolescent Suicide: The Role of Violent Behavior and Substance Use. *Journal of Youth & Adolescence*, 42(5), 675-684.
- McAdams, P. D. (1993). *The Stories We Live By: Personal Myths and the Making of the Self*. London, United Kingdom: Guildford Press.
- Marr, N., & Field, N. (2001). *Bullycide: Death at Playtime*. Oxfordshire, United Kingdom: Success Unlimited.
- Mcleod, J. (2003). *An Introduction to Counselling*. London, United Kingdom: Sage.
- McGrath, J. M. (2004). *School Bullying: Tools for Avoiding Harm and Liability*. London, United Kingdom: Sage.
- Mearns, D., Thorne, B., & Mcleod J. (2013). *Person-Centred Counselling in Action*. London, United Kingdom: Sage.
- Olweus, D. (1993). *Bullying at School: What we Know and What We Can Do*. London, United Kingdom: Blackwell.
- O'Brien N (2019). Understanding Alternative Bullying Perspectives Through Research Engagement With Young People. *Front. Psychol.* 10:1984. doi: 10.3389/fpsyg.2019.01984
- Perls, F. (1969). *Gestalt Therapy Verbatim*. New York, NY: The Gestalt Journal Press.
- Poteat, V. P., & Espelage, D. L. (2005). Exploring the Relation Between Bullying and Homophobic Verbal Content: The Homophobic Content Agent Target (HCAT) scale. *Violence and Victims*, 20(13), 513–528. Doi: 10.1891/vivi.2005.20.5.513

Parker, R. J. (2019). *Beyond Sticks and Stones: Bullying, Social Media, Cyberbullying and Abuse*. London, United Kingdom: Blackwell.

Rigby, K. (2007). *Bullying in Schools and What to do About it* (3rd ed.), Melbourne, Australia: ACER Press.

Rivkin, J. (2013). *Verbal Bullying: Take a Stand Against Bullying*. New York, NY: Crabtree.

Rogers, C. R. (1951). *Client-Centred Therapy: Its Current Practice, Implications and Theory*. Boston, Massachusetts: Houghton- Mifflin.

Rogers, C. R. (1959). *A Theory of Therapy, Personality and Interpersonal Relationships as Developed in the Client-Centred Framework*. New York, NY: McGraw-Hill.

Rogers, C. R. (1961). *On Becoming a Person: A Psychotherapists View of Psychotherapy*. London, United Kingdom: Constable.

Shackelford, K. T., & Shackelford-Weekes, A.V. (2012). (EDS). *The Oxford Handbook of Evolutionary Perspectives on Violence, Homicide and War*. Oxford, United Kingdom: Oxford University Publishing.

Smith, A. J., & Osborn, M. (2008). (Eds) Chapter 10. *Interpretative Phenomenological Analysis: Doing Social Psychology Research*. London, United Kingdom: Blackwell.
Smith, J. A., Flowers, P., & Larkin, M. (2009). *Planning an IPA research study*. In J.A. Smith (ed.), *Interpretative Phenomenological Analysis: Theory, Method and Research*. London, United Kingdom: Sage.

Smith, K. P., Pepler, D., & Rigby, K. (2004). *Bullying in Schools: How Successful Can Interventions Be?* Cambridge, United Kingdom: Sage.

Sonneborn, L. (2013). *How to Beat Verbal Bullying*. New York, NY: Rosen Central.

Strauss, A. & Corbin. J. M. (1990). *Basics of Qualitative Research: Grounded theory procedures and techniques*. London, United Kingdom: Sage.

Strauss, L. S. (2012). *Sexual Harassment and Bullying: A Guide to Keeping Kids Safe and Holding Schools Accountable*. Plymouth, United Kingdom: Rowman and Littlefield.

Smith, K. P. (2019). *Making an Impact on School Bullying: Interventions and Recommendations*. London, United Kingdom: Routledge.

Talbot, M. (2002). *Girls Just Want to be Mean*. New York, NY: New York Times.

Tharinger, D. (2008). Maintaining the hegemonic masculinity through selective attachment, homophobia, and gay baiting in schools: Challenges to intervention. *School Psychology Review*, 2008; 37(12), 221–227.

Tolan, J., & Wilkins, P. (2012). *Client Issues in Counselling and Psychotherapy*. London, United Kingdom: Sage.

Tolan, J., & Cameron, R. (2016). *Skills in Person-Centred Counselling and Psychotherapy*. (3rd ed.). London, United Kingdom: Sage.

Van Der Kolk, B. A. (2003). The neurobiology of childhood, trauma and abuse. *Journal of Child and Adolescence Psychiatry*, 12(043): 293-317.

Warren, J., & Smalley, B. K. (2013). *Always the Fat Kid: The Truth About the Enduring Effects of Childhood Obesity*. New York, NY: St Martin's Press.

Weaver, A. (2014). Can Post-Traumatic Stress Disorder Be Diagnosed in Adolescence with Catastrophic Stress? A case report. *Clinical Child Psychology and Psychiatry*, 5(1), 2–7.

West, W., & Byrne, J. (2006). Some ethical concerns about counselling research. *Counselling Psychology Quarterly*, 22(3), 309-318: Doi10.1080/09515070903285668

10. Implications for Practice

- Awareness of bullying to be taught to person-centred therapists
- Risk of bullying (and the different types of risk) must be understood
- The long-term effects of bullying must be highlighted